## Interim Designation of Agent to Receive Notification RECEIVED of Claimed Infringement

APR 04 2000

Full Legal Name of Service Provider: BUY MEDICAL. COM TICE.	GHT OFFICE
Alternative Name(s) of Service Provider (including all names under which the serv provider is doing business): BYMEDICAL. COM	ice
Address of Service Provider: 27 BROOKLINE, ALISO VIETO, CA 92656	•
Name of Agent Designated to Receive Notification of Claimed Infringement: TRYGVE M. THORESEN	
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):  27 BROOKLINE, ALISO VIETO, CA 92656	
Telephone Number of Designated Agent: (949) 389-5658	•
Facsimile Number of Designated Agent: (949) 425-5275	
Email Address of Designated Agent: TTHORESENE BUYMEDIC	AL. COM
Signature of Officer or Particle Provider:  **Date: 3-28-00	:
Typed or Printed Name and Title: TRYGVE M. THORESEN  VICE PISIDEM OF OPERATIONS	

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.

